

Management of Exposure to the HIV Virus

Recommended HIV Post-Exposure Prophylaxis for Percutaneous Injuries

Infection status of source

Exposure Type	HIV+ Class 1*	HIV+ Class 2*	Source's HIV status unknown**	Unknown source***	HIV negative
Less severe****	Recommend basic 2 drug PEP	Recommend expanded 3 drug PEP	Generally, no PEP warranted; however, consider basic 2 drug PEP***** for source w/HIV Risk factorsδ	Generally, no PEP warranted; however, consider basic 2 drug PEP in settings where exposure to HIV infected persons is likely	No PEP
More severe δ δ	Recommend expanded 3 drug PEP	Recommend expanded 3 drug PEP	Generally, no PEP warranted; however, consider basic 2 drug PEP***** for source w/HIV risk factors δ	Generally, no PEP warranted; however, consider basic 2 drug PEP in settings where exposure to HIV infected persons is likely	No PEP

* **HIV+ Class 1 = asymptomatic HIV infection or known low viral load (e.g., <1500 RNA copies/ml). HIV+ Class 2= symptomatic HIV infection, AIDS, acute seroconversion, or known high viral load. If drug resistance is a concern, obtain expert consultation. Initiation of postexposure prophylaxis (PEP) should not be delayed pending expert consultation, and because expert consultation alone cannot substitute for face-to-face counseling, resources should be available to provide immediate evaluation and follow-up care for all exposures.**

** **Source of unknown HIV status (e.g., deceased source person with no samples available for testing)**

*** **Unknown source (e.g., a needle from a sharps disposal container)**

**** **Less severe (e.g., solid needle and superficial injury)**

***** **The designation “consider PEP” indicates that PEP is optional and should be based on an individualized decision between the exposed person and the treating clinician**

δ **If PEP is offered and taken and the source is later determined to be HIV- negative, PEP should be discontinued**

δδ **More severe (e.g., large-bore hollow needle, deep puncture, visible blood on the device, or needle used in patient's artery or vein)**

**Recommended HIV Post-Exposure Prophylaxis for Mucous
Membrane Exposures and Nonintact* Skin Exposures**

Infection status of source

Exposure Type	HIV+ Class 1*	HIV+ Class 2*	Source's HIV status unknown****	Unknown source*****	HIV negative
Small volume ***	Consider basic 2 drug PEP δ	Recommend basic 2 drug PEP	Generally, no PEP warranted; however consider basic 2 drug PEPδ for source w/HIV Risk factors δδδ	Generally, no PEP warranted; however, consider basic 2 drug PEPδ in settings where exposure to HIV infected persons is likely	No PEP
Large volume δ δ	Recommend basic 2 drug PEP	Recommend expanded 3 drug PEP	Generally, no PEP warranted; however, consider basic 2 drug PEPδ for source w/HIV risk factors δδδ	Generally, no PEP warranted; however consider basic 2 drug PEPδ in settings where exposure to HIV infected persons is likely	No PEP

- * For skin exposures, follow-up is indicated only if there is evidence of compromised skin integrity (e.g., dermatitis, abrasion, or open wound)
- ** HIV+ Class 1 = asymptomatic HIV infection or known low viral load (e.g., <1500 RNA copies/ml). HIV+ Class 2 = symptomatic HIV infection, AIDS, acute seroconversion, or known high viral load. If drug resistance is a concern obtain expert consultation. Initiation of post exposure prophylaxis (PEP) should not be delayed pending expert consultation, and because expert consultation alone cannot substitute for face-to-face counseling, resources should be available to provide immediate evaluation and follow-up care for all exposures.
- *** small volume (i.e. a few drops)
- **** Source of unknown HIV status (e.g., deceased source person with no samples available for testing)
- ***** Unknown source (e.g., splash from inappropriately disposed blood)
- δ The designation, “consider PEP”, indicates that PEP is optional and should be based on an individualized decision between the exposed person and the treating clinician
- δδ Large volume (i.e., major blood splash)
- δδδ If PEP is offered and taken and the source is later determined to be HIV negative, PEP should be discontinued.